



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Leeann Clark

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Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$105421761
Outpatient Patient Service Revenue	\$196502551
Total Gross Patient Service Revenue	\$301924312

2. Deductions From Revenue

Contractual Allowance	\$151527070
Other Deductions	\$1708111
Total Deductions	\$153235181

3. Total Operating Revenue

Net Patient Service Revenue	\$148689131
Other Operating Revenue	\$1515631
Total Operating Revenue	\$150204762

4. Operating Expenses

Salaries and Wages	\$18360518	Employee Benefits	\$5106119
Depreciation and Amortization	\$2427774	Interest Expense	\$64897
Bad Debt	\$2898003	Other Expenses	\$68152236
Total Operating Expenses	\$97009547		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$53195215	Total Assets	\$53651572
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$9270337
Total Net Gains	\$53195215		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$86680700	\$60675461	\$26005239
Medicaid	\$4291953	\$3472959	\$818994
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$210951659	\$89086761	\$121864898
Total	\$301924312	\$153235181	\$148689131

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$11240	\$32386	\$-21146

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$52843	\$-52843
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	1267
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$8496376
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$3127020	\$2723237	
HCI Payments	\$0		
Subtotal	\$3127020	\$2723237	\$403783
Medicaid Shortfalls	\$626088	\$1129163	
Subtotal	\$3753108	\$3852400	\$-99292
DSH Payments	\$0		
Subtotal	\$3753108	\$3852400	\$-99292
Medicare Shortfalls	\$23917163	\$25789681	
Other Government Programs	\$0	\$0	
Total	\$27670271	\$29642081	\$-1971810

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments